

## INSTRUCTIONS FOR COMPLETING DA FORM 3946

1. For detailed instructions on completing this form, see FM 19-26.

2. Special instructions are as follows:

a. "Injury Class" and "Severity of Damage." Traffic accidents are classified according to severity in terms of degree of injuries or property damage sustained. Definitions of the terms are contained in Appendix B, AR 190-5.

b. "Sketch of Collision." Draw the collision scene exactly as you observed it. If opinions about the events that led up to the collision can be substantiated with observable facts, indicate these on the sketch. When required by local policy, a detailed, scaled diagram may accompany this form; recommended format is contained in FM 19-26.

c. "Description of Collision."

(1) Will include information not on sketch or not on other parts of the form. Describe special conditions or events associated with the collision such as vehicle(s) on fire, immersed or submerged, roadway lights not operating, operator restrictions, color (*shade*) of clothing of pedestrians, etc. If not sufficient space, supplemental pages may be attached.

(2) When form is completed from information received after vehicle(s) have been moved, or removed from the accident scene or from reports from other agencies (*e.g., civil police, etc.*), the report will be completed in as much detail as possible; the source of the information will be identified in "Description of Collision."

3. Release of Information. AR 25-55 controls the release of information and records from Army files and traffic accident information will not be released outside the provisions of the regulation. This form contains statements of fact and information normally releaseable to victims, subjects, witnesses or other persons having interest in a particular accident. Copies of the form may be released to those individuals. Coordination with local staff judge advocate should be made prior to all releases.

4. Distribution:

a. Original: Forward to the commander concerned, utilizing DA Form 3975 (*Military Police Report*) as the transmitting document.

b. A copy of the form is maintained in the originating office.

c. A third copy will be made for release as required by AR 340-17.

# MILITARY POLICE TRAFFIC ACCIDENT REPORT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately identified.  
**ROUTINE USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. PM ACTIVITY CODE/REPORT NO.	2. DATE OF ACCIDENT (YYYYMMDD)	3. TIME OF ACCIDENT (Use 2400 hour)	4. DAY OF WEEK OF COLLISION (Sunday, Monday, etc.)
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### 5. LOCATION OF ACCIDENT

a. MILITARY RESERVATION <input type="checkbox"/> YES <input type="checkbox"/> NO	b. NAME AND LOCATION OF MILITARY RESERVATION (Include City and State, etc.)		
c. ROAD OR STREET ON WHICH ACCIDENT OCCURRED		d. NAME OF INTERSECTING STREET IF AT INTERSECTION	
e. NAME OF NEAREST INTERSECTING STREET, HIGHWAY, OR OTHER PERMANENT IDENTIFYING LANDMARK IF NOT AT INTERSECTION		f. NO. OF FEET	g. DIRECTION
h. IF ACCIDENT OCCURRED OFF MILITARY RESERVATION, AND OUTSIDE CITY LIMITS, INDICATE: _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W FROM <input type="checkbox"/> CITY LIMITS <input type="checkbox"/> CENTER OF CITY OR TOWN			
i. KIND OF LOCALITY	<input type="checkbox"/> Troop Billets <input type="checkbox"/> Residential	<input type="checkbox"/> Mfg or Industrial <input type="checkbox"/> Open Country	<input type="checkbox"/> School or Playground <input type="checkbox"/> Business <input type="checkbox"/> Other (Specify)

### 6. TYPE OF ACCIDENT

<input type="checkbox"/> Vehicle-Vehicle	<input type="checkbox"/> Vehicle-Object	<input type="checkbox"/> Single Vehicle (Non Collision)	a. SEVERITY	
<input type="checkbox"/> Vehicle-Pedicycle	<input type="checkbox"/> Vehicle-RR Train	<input type="checkbox"/> Hit and Run	NO. KILLED	NO. INJURED
<input type="checkbox"/> Stolen Vehicle	<input type="checkbox"/> Vehicle-Pedestrian	<input type="checkbox"/> Other (Specify)		
b. TOTAL NO. OF VEHICLES INVOLVED			<input type="checkbox"/> PROPERTY DAMAGE ONLY	

### 7. WEATHER, LIGHT, AND ROAD CONDITIONS

<b>VEHICLE</b> 1 2 DRIVING LANES 	<b>VEHICLE</b> 1 2 CHARACTER Straight Curve Level On Grade Other	<b>VEHICLE</b> 1 2 SURFACE Concrete Black Top Brick Gravel Other	<b>VEHICLE</b> 1 2 WEATHER Clear Rain Fog Snowing Other
<b>VEHICLE</b> 1 2 CONDITIONS Dry Wet Mud Snow Other	<b>VEHICLE</b> 1 2 DEFECTS Holes, Ruts, Bumps, etc. Loose Material on Surface Defective Shoulder No defects Other	<b>VEHICLE</b> 1 2 LIGHT Daylight Dawn Dusk Dark, Street Lights Dark, No Street Lights	

### 8. TRAFFIC CONTROL

<b>VEHICLE</b> 1 2 Stop and Go Signal No Traffic Signal Other (Explain)	<b>VEHICLE</b> 1 2 Flashing Light Officer or Watchman	<b>VEHICLE</b> 1 2 Warning Sign Solid Center Line	<b>VEHICLE</b> 1 2 One way Street Stop Sign
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<b>9a. VEHICLE NO. 1</b>					<b>9b. VEHICLE NO. 2</b>					
USA REGISTRATION OR LICENSE NO.		MAKE	YEAR	BODY TYPE	USA REGISTRATION OR LICENSE NO.		MAKE	YEAR	BODY TYPE	
UNIT MARKINGS/DECAL NO.			<input type="checkbox"/> Privately Owned <input type="checkbox"/> Government		UNIT MARKINGS/DECAL NO.			<input type="checkbox"/> Privately Owned <input type="checkbox"/> Government		
REGISTERED OWNER (If not driver) (Last, First, MI)					REGISTERED OWNER (If not driver) (Last, First, MI)					
ADDRESS OF OWNER					ADDRESS OF OWNER					
NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT					NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT					

  

<b>10a. DRIVER NO. 1</b>					<b>10b. DRIVER NO. 2</b>				
NAME (Last, First, MI), Grade and Address)			SSN					SSN	
			AGE <input type="checkbox"/> Male <input type="checkbox"/> Female					AGE <input type="checkbox"/> Male <input type="checkbox"/> Female	
DRIVER'S LICENSE/PERMIT NUMBER			STATE		DRIVER'S LICENSE/PERMIT NUMBER			STATE	
LIMITATIONS ON LICENSE/PERMIT <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify)			YEARS' DRIVING EXPERIENCE		LIMITATIONS ON LICENSE/PERMIT <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify)			YEARS' DRIVING EXPERIENCE	

  

<b>CODES</b>	CAT (1)	INJ (2)	SEAT BELT (3)	SEAT POS (4)	<b>CODES</b>	CAT (1)	INJ (2)	SEAT BELT (3)	SEAT POS (4)
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11. OCCUPANTS								
NAME AND ADDRESS	VEH NO.	AGE	SEX	CODES				
				CAT (1)	INJ (2)	SEAT BELT (3)	SEAT POS (4)	

  

CODES			
(1) CATEGORY	(2) INJURY CLASS	(3) SHOULDER/LAP BELTS	(4) SEAT POSITION
A. Army Officer B. Army Enlisted C. Other Service Officer D. Other Service Enlisted E. Civilian F. Dependent O. Other	A. No Injury B. Dead at Scene C. Dead on Arrival D. Died in Hospital E. Incapacitating Injury F. Non-incap (evident) Injury G. Possible Injury H. Injury Unknown	A. Lap Belt Used B. Shoulder Harness Used C. Both Used D. Not Used E. Not Installed F. Lap Belt Failed G. Shoulder Harness Failed H. Both Failed U. Unknown	1. Front Left 2. Front Center 3. Front Right 4. Back Left 5. Center Back 6. Back Right 7. Other Position (Bus-Motorcycle) 8. Position Unknown